

ATTACHMENT J-2 – STATEMENT OF FINANCIAL CAPABILITY

F. THE FOLLOWING IS A LIST OF CURRENT CONTRACTS WITH THIS OR ANY OTHER GOVERNMENT AGENCIES.

(If additional space is needed, attach additional sheet(s))

U.S. DEPARTMENT OF LABOR * Employment and Training Administration

RFP NO. _____

STATEMENT OF FINANCIAL CAPABILITY

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(Insert the Name and Complete Mailing Address of Offeror)

A. DATE LAST BALANCE WAS PREPARED <input type="checkbox"/> <input type="checkbox"/>		B. FINANCIAL CONDITION <i>(As of Date)</i> _____ 19____		
PERIOD COVERED <i>(Month, Day, Year)</i>		(1) Cash\$ _____ (2) Current Assets\$ _____ (3) Current Liabilities\$ _____ (4) Net Worth\$ _____		
From _____ To _____		C. DATE FISCAL YEAR ENDS <i>(Month, Day, Year)</i> <input type="checkbox"/>		
D. FINANCIAL ARRANGEMENTS TO FACILITATE PERFORMANCE DURING INITIAL PHASE OF CONTRACT <i>("X" appropriate box(es))</i>				
(1) Own Resources <input type="checkbox"/> Yes <input type="checkbox"/> No		(2) Bank credit <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "YES" complete</i> <input type="checkbox"/>		a. Name of Bank(s): _____ b. Amount \$ _____
(3) Other <i>(If "YES", specify)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		(4) _____		
E. IF ADVANCE PAYMENT IS INDICATED UNDER D(3) ABOVE, COMPLETE THE FOLLOWING:-				
(1) Estimated Amount of Advance Payment \$ _____ for _____ months.		(2) The following advances from the Government are presently being received: <i>(Complete Columns "a" thru "e" below)</i>		
AGENCY'S NAME AND ADDRESS	PERIOD OF CONTRACT	CONTRACT NO.	AMOUNT OF ADVANCE	BANK AGREEMENT WITH
(a)	(b)	(c)	(d)	(e)

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AGENCY'S NAME, ADDRESS, AND TELEPHONE NO. (1)	CONTRACT NO. (2)	AMOUNT OF CONTRACT (3)	PERIOD OF CONTRACT (4)

G. IF OVERHEAD/INDIRECT COSTS ARE INCLUDED IN YOUR COST PROPOSAL, THE FOLLOWING DATA WILL BE FURNISHED.

(1) Name and Address(es) of Cognizant Government 	(2) Name and Address of Government Auditor <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Telephone No. Area Code () </div>
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(3) Date Last Rate was Computed _____ (Month, Day, Year)
 and Negotiated _____ ☐

(4) If no government audit agency computed and authorized the rate claimed, complete (a), (b), and (c) below.

(a) How it is computed?	(b) Who?	(c) Date (Mo., Day, Yr.)
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ATTACH COMPUTATION DATA USED.

COMMENTS

CERTIFICATION: *I CERTIFY that to the best of my knowledge and belief the information contained herein is TRUE and CORRECT.*

SIGNATURE	TYPED NAME AND TITLE	DATE (Mo., Day, Yr.)
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